



**United States Department of the Interior
BUREAU OF LAND MANAGEMENT
Grand Staircase-Escalante National Monument
P.O. Box 225
Escalante, Utah 84726**

OPERATING PLAN FORM

SRP # _____
Agency Use Only

Make sure the information is complete and that all proposed services, facilities, and dates of use are described. Please respond to all applicable items to avoid delays in processing the application. If a section does not apply, indicate with N/A.

1. GENERAL INFORMATION

A. Type of Special Recreation Permit Applying For: ☐ one-time user, ☐ multi-year user, ☐ organized group, or ☐ special event

A “**one-time user**” is defined as a commercial user required to obtain a SRP, who intends only to operate in the Monument once in a single year, not to exceed 14 days and not return for a time period of three years.

A “**one year and multi-year user**” is defined as a commercial user required to obtain a SRP, who intends to operate in the Monument multiple times in a single year, or in consecutive years.

B. Name of company, organization, university, individual, other: _____

C. If not an individual, provide name of owner(s), trip leader(s), other: _____

D. If a company, what type: ☐ Individual ☐ Partnership ☐ Corporation

E. Telephone number: _____ E-mail address: _____

F. Internet Site Address: _____

G. Describe the specific service or activity you propose to operate on the Monument:

Does the service or activity described above include ☐ day use only, or ☐ overnight use?

Is your service or activity consistent with Monument Special Recreation Permit Policy, Stipulations and the Monument Management Plan? ☐ Yes ☐ No If no, identify inconsistencies:

Will your proposed activity impact any of the following Monument resources: geology, biology, paleontology, archaeology, or history? ☐ Yes ☐ No

If yes, how do you propose to mitigate impacts, i.e., using a portable toilet, high ratio of guides to clients, not building fires in permitted areas, small group sizes:

How will your proposed activity provide interpretation/education of one or more of the following Monument resources: geology, biology, paleontology, archaeology, or history?

Will your proposed service or activity include visiting any archaeological, cultural, or paleontological site(s)? ☐ Yes ☐ No If yes, describe the site(s), i.e., rock shelter, petroglyph, and identify their location(s) on the enclosed map:

Are you willing to operate at times and locations different then what you have proposed if necessary? ☐ Yes ☐ No

During your proposed activity are you planning to take any photographs, or do filming that would be sold commercially or used in advertising? If yes, you may need to obtain a Filming Permit. To determine if a Filming Permit is required contact Lorraine Pope at (435) 644-4305, or Lpope@ut.blm.gov.

2. EXPERIENCE

- A. How much experience (months, years, classes) do you have in leading the activity you are proposing? Experience can include education, training, employment, or personal experience, i.e., formal education, Wilderness First Response Training.

- B. How much experience (months, years, classes) do you have in leading the proposed activity within a remote desert or other extreme environment, i.e., alpine tundra. Experience can include education and training, employment or personal experience.

- C. Has any person(s) under your care been seriously injured (requiring medical treatment, death) while participating in an activity similar to, or the same as the one you are proposing? If yes, provide details of the incident (date, outcome):

3. ESTIMATED USE AND SEASON

- A. For each proposed activity, complete the following:

Activity	Begin Date	End Date	Visitor Days (estimated)	# of Clients (estimated)	Location ¹

¹ Identify location by specific area, trail or canyon.

- B. Estimated percent of time (if applicable) on:

___ Monument ___ Other BLM Field Office() ___ FS ___ NPS ___ Private
 ___ Other()

4. UPLAND USE AND ACTIVITIES

- A. Are you proposing to set up temporary facilities, caches, or event staging areas? ___ Yes ___ No If yes, provide the following:

Location and Description of Facility(ies) ¹	Date(s) of Use

¹ Describe location (by Township, Range and Section), or show on enclosed map.

B. Riding and pack livestock: Indicate number and type of livestock available: ☐None ☐Riding Horses/Mules ☐Pack Horses/Mules ☐Other ()

Describe how livestock is fed, watered and controlled while on public land (corrals, tethers, pickets, highlines):

5. TRANSPORTATION VEHICLES

A. List and describe all vehicles used (trucks, buses, vans, trailers, OHVs):

Year	Make and Model	Type	Color	State License or Registration #

6. FOOD/BEVERAGE

A. Check all applicable items:

Food: ☐None ☐Breakfast ☐Lunch ☐Dinner ☐Snacks
Cooking Facilities: ☐None ☐Stove ☐Campfire ☐Other()
Drinking Water: ☐None ☐Spring ☐Stream ☐City/Municipal ☐Other
Water Treatment: ☐None ☐Bottled ☐Filtered ☐Boiled ☐Chemical

Are you directly preparing meals for customers? ☐Yes ☐No

7. SANITATION FACILITIES

A. Check all applicable items and describe as necessary:

Handwashing Facilities: ☐None ☐Basins/buckets ☐Soap ☐Disinfectant
Toilet Facilities: ☐None ☐Pit Latrine ☐Porta-John ☐Other()

If human waste is packed out, describe handling and disposal:

8. SAFETY AND RESCUE

A. Check items provided at campsites or carried on each trip:

☐First Aid Kit ☐First Aid Station ☐Signaling Device ☐Fire Extinguisher ☐Radio/Cell Phone

If radio frequencies used (Hertz), or cellular phone number: _____

B. Describe contingency plans in case of bad weather, accident or other emergency:

9. AUTHORIZED REPRESENTATIVES

A. List name(s), address(es), and jobs/positions of all employees, guides, and helpers. List must be updated within 2 weeks of any changes.

Name	Address	Job/Position

10. BACKGROUND INFORMATION

A. List other permitted areas (include agency and office location):

B. Are you or any of your authorized representatives, employees or guides currently being investigated or

prosecuted for violation of any Federal, State or local law or regulation in connection with the proposed activity? ☐ Yes ☐ No If yes, please explain:

C. Have you or any other authorized representatives, employees or guides been convicted of a Federal, State or local violation in connection with the proposed operations or activities? ☐ Yes ☐ No If Yes, please explain:

D. Have you or any other authorized representatives, employees or guides had a permit for operations on public lands denied, suspended, or revoked? ☐ Yes ☐ No If yes, please explain:

I certify that the information given by me in this application is true, accurate, and complete to the best of my knowledge. I acknowledge that I (we) am (are) required to comply with requirements and stipulations on Form 8370-1 and any additional stipulations that are required by the authorized officer when the permit is issued. I further understand that the provision of false information, or the failure to keep this Operating Plan or other permit information updated, are grounds for probation, suspension, or revocation of the permit.

Applicant

Date